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PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/719537
Filing Date	11/20/2003
First Named Inventor	HOSEY
Title	Display Device w/Hinged Stand
Art Unit	
Examiner Name	
Attorney Docket Number	50065.00011

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
STUART WHITTINGTON, ESQ.	45,215

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	STUART WHITTINGTON, ESQ.				
Address	7037 E. MONTE CIRCLE				
Address					
City	MESA	State	ARIZONA	Zip	85208
Country	USA				
Telephone	480-203-3235	Fax	480-961-8073		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

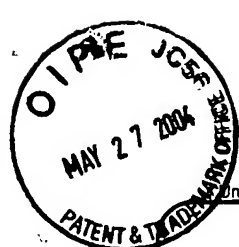
Name	MICHAEL J. HOSEY		
Signature			
Date	5-12-04	Telephone	528-681 0335

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/719537
Filing Date	11/20/2003
First Named Inventor	HOSEY
Art Unit	
Examiner Name	
Attorney Docket Number	50065.00011

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	STUART WHITTINGTON, ESQ.				
Address	7037 E. MONTE CIRCLE				
Address					
City	MESA	State	ARIZONA	Zip	85208
Country	USA				
Telephone	480-203-3235	Fax	480-325-1365		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	MICHAEL J. HOSEY		
Signature			
Date	5-12-04	Telephone	428 681 0335

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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